

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Tyes I No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	NC			
1. Full Name of Committee (as on Statement of Organization) Check if this is a recommendation of the state of		-		
Acronym or Abbreviated Name (if any)			ephone Numb	
4. Mailing Address (Address where all campaign finance correspondence is received.) 965 W. WALNUT ST.	_	his is a nev		
5. City, State, ZIP Code KOKOMO, IN 46901	6. Part	y Affiliation	(if applicable	`\
CANDIDATE INFORMATION (For Candidate	THE PERSON NAMED IN COLUMN	THE RESERVE OF THE PARTY OF THE	The state of the s	
7. Full Name of Candidate (Include any nickname.)	-	-		dent Candidate
Tommy Eugene (Leaver Tr			HCAN	A STATE OF THE STA
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	2000	unty of Re		
CENTER TOWNSHIP ADVISORY BOARD	Ho	WAR	0	
TYPE OF REPORT			CONVENT	TION CANDIDATES ONL
11. Check one:			Check one	Y:
Pre-Primary Pre-Election Annual Nomination Other			Pre-C	onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Outgoing Treasurer (Within ten (10) days amen	nd Statement of Or	ganization.)	Post-0	Convention
12. Reporting Period (mm/dd/yy):		CC	DLUMN A	COLUMN B
From: 10-15-22 Through: 12-31-22		Th	is Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			0	
14. Cash on hand and investments January 1, current year.		Take:		17
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		A CONTRACTOR	0	0
15b. Unitemized			0	. 0
15c. Add lines 15a and 15b in both columns.	SUBTOTAL		0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		0	0
EXPENDITURES	logramics and			
(Note: These amounts include in-kind expenditures and loan repayments.)	-211			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			0	0
17b. Uniternized			(2	
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	15	0	b
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns,	TOTAL		0	0
19. Debts OWED BY the committee (Use Schedule D.)			0	
20. Debts OWED TO the committee (Use Schedule E.)			0	
		40000		
CERTIFICATION	TIC TOLE OO	DECT AND	OCA IDI PER	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT Signature of Treasurer Title		Date (mm/	The same of	I FD
Z-C= TREASURER		1.4.		man ham had
Signature of Candidate (if applicable)		Date (mm/	dd/yy)	IAN 0 4 2023
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purifiles a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or a Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (It			" · FYFT	BBIE STEWART Howard Cir. Court



REPORT OF RECEIPTS AND EXPENDITURES

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

IS THIS AN AMENDMENT?

OF A POLITICAL COMMITTEE

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Brad Bray Commissioner Check if this is a new Commissioner	name.	Wiles Alvert	
Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (765) 437-4847		
Mailing Address (Address where all campaign finance correspondence is received.) The control of the co	Check if this is a nev	w address.	
5. City, State, ZIP Code Greentown, IN 46936	6. Party Affiliation Republican	ı (if applicable)	
CANDIDATE INFORMATION (For Candidate's (Committees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation	or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Re	sidence	
TYPE OF REPORT	THE REAL PROPERTY.	CONVENTION	CANDIDATES ONL
11. Check one: ☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other	Alexinon-yarane	Check one:	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	atement of Organization.)	Post-Conve	ention
12. Reporting Period (mm/dd/yy): From: 1/1/2022 Through: 12/31/22		DLUMN A is Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		226.37	
14. Cash on hand and investments January 1, current year.			226.37
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	500		
15a. Itemized (Use Schedule A.)			
15b. Unitemized		10.00	10.00
15c. Add lines 15a and 15b in both columns.	TOTAL	10.00	10.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	236.37	236.37
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	9 - 50 - 10		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			The state of the s
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	BTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	236.37	236.37
19. Debts OWED BY the committee (Use Schedule D.)		6,600.35	THE REAL PROPERTY.
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION		FO.	R OFFICE LISE ONLY

	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. T	TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRI	UE, CORRECT AND COMPLETE.
Signature of Treesylver	Title / NOTURE &	Date (mm/dd/yy)
Signature of Capacidate (if Applicable)		Date (mm/dd/yy)
WARNING: Any information contained in this report may no	of be copied for sale or used for any commercial purpose. (I	C 3-9-4-5) A person who knowingly

files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED

JAN 0.4 2023

DEBBIE STEWART Clerk Howard Cir. Court



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page	of	

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS PERIOD
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	
Brad and Polly Bray 610 Holiday Drive Greentown, IN 46936	Brad and Polly Bray 610 Holiday Drive Greentown, IN 46936	\$6,600.35	-As of 12/31/16		\$6,600.35
2013 THE 220 YO 19 12 YO V. STEELE		Loan	7.5 01 12/5/1/10		φ0,000.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:		0			
			-		
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
			-		
LENDER'S OCCUPATION:					
EMBERG OGGET ATTOM.					
LENDER'S OCCUPATION					
			1		
LENGER'S OCCUPATION					
5 - CANADA TERRANGA (18 - MATALASA)		SUBTOTA	AL THIS PAGE O	F SCHEDULE D	\$ 6,600.35
	TOTAL OF ALL	PAGES OF SCHEDUI	LE D ON THE LA	ST PAGE ONLY ummary Sheet.)	\$ 6,600.35



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

IS THIS AN AMENDMENT? TYPE

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AR AMERICAT:	10		
COMMITTEE INFORMATION			
1 Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Matthew Hartke	/ name.		
2. Acronym or Abbreviated Name (if any)	3. Committe	ee Telephone Number	
	1765	1437-8916	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is	s a new address.	
5. City, State, ZIP Code On Komo, IN 46901	6. Party Aff	filiation (if applicable)	
CANDIDATE INFORMATION (For Candidate's	Committees	Only)	
7. Full Name of Candidate (Include any nickname.) MALLhew Robert Hartke	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	filiation or If Independe	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Kokomo Center School DOARD	10. County	of Residence	
TYPE OF REPORT	7100	DISCONORUM DATES	N CANDIDATES ONL
11. Check one:	A COLUMN TWO IS NOT THE OWNER.	Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend St	tatement of Organiza	TV- 10	
	easement or Organiza		The state of the s
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: 16/14/22 Through: 12/31/22		0972	
13. Cash on hand and investments at the beginning of this reporting period.	/	014	160 76
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS	-		109 79
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)			-
15b. Unitemized		6500	65 00
	BTOTAL	10979	1A4 79
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	10079	1911 79
EXPENDITURES	TOTAL	114	1/4
CONTRACTOR OF THE PROPERTY OF			
(Note: These amounts include in-kind expenditures and loan repayments.)	6. 1.	15079	15079
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) ina Cam par	gn runus	1600	15 00
17b. Unitemized	DTOTAL	174 39	1509
	IBTOTAL	, , ,	1/7
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	.00	.00
19. Debts OWED BY the committee (Use Schedule D.)		P	The second second
20. Debts OWED TO the committee (Use Schedule E.)		φ	THE SHE
CERTIFICATION	57 V 5 M	Ser Series	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORREC	CT AND COMPLETE.	FOR OFFICE USE ONLY
Signature of Treasurer Title		e (mm/dd/yy)	
Shirling game/ Dronairon	10	1-d7-da	3 0 2022
Signature of Candidate (if applicable)	l B	29.22	
WARNING: Any Information contained in this repert may not be copied for sale or used for any commercial purpos	se. (IC 3-9-4-5) A	person who know to b	FOLEMAKI

files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the new Howard Cir. Court Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUME	BER	
Page _	1	of	,	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
First Baptist Church 310 W. Taylor St Kohoro. In 46901	non Projet	Direct In-Kind Payment of Debt Returned Contribution Debt Payment of Debt	(23)	15479	ra /a9/24
Code		Direct In-Kind Payment of Debt Returned Contribution Other			
7, 14		Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		16.63	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAGE	GE OF SCHEDULE B	s15979		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t	E LAST PAGE ONLY	\$15 9 79		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No	200		
COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		
COMMITTEE TO RE-ELECT JOHN J. RO	BERT	3	
2. Acronym or Abbreviated Name (if any)	3. Com	nittee Telephone Number	
	(765	1 753-9495	
4. Mailing Address (Address where all campaign finance correspondence is received.) 58/3 PESHEWA CT.		is is a new address.	
5. City, State, ZIP Code Kokomo, IN 46902		Affiliation (if applicable) REPUBLICAN	
CANDIDATE INFORMATION (For Candidate's (Committe	es Only)	40 A
7. Full Name of Candidate (Include any nickname.)	District Control	Affiliation or If Independent	Candidate
JOHN JOSEPH ROBERTS	K	EPUBLICAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) HOWARD COUNTY COUNCIL DISTRICT ON G		inty of Residence	
TYPE OF REPORT	Towns	CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend St	atement of Org	anization.) Dost-Conv	vention
12. Reporting Period (mm/dd/yy): From: 0CT - 15 - 2022 Through: 0EC - 31 - 2022		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		# 700-00	
14. Cash on hand and investments January 1, current year.		CHICAGO HANGE COM	0
CONTRIBUTIONS AND RECEIPTS	10-5-5		NO MANAGEMENT
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		# 418.40	
15b. Uniternized			
15c. Add lines 15a and 15b in both columns.	STOTAL	# 418.40	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	# 1118,40	0°
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		# 1118-40	
17b. Uniternized		_	
17c. Add lines 17a and 17b in both columns.	BTOTAL	\$ 1118-40	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$ 0.00	
19. Debts OWED BY the committee (Use Schedule D.)			A STATE OF THE
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COR		OR OFFICE USE ONLY

	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO T	HE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT AND COMPLETE.
Signature of Treasurer Roberts	Title TREASURER	Date (mm/dd/yy) 12 - 29 - 22
Signature of Candidate (grapplicable)	1	Date (mm/dd/yy)

· Kovers WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED

DEC 2 9 2022

DEBBIE STEWART Clerk Howard Cir. Court



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page _	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. JOHN J. ROBERTS 5813 PESHEWA CT. KOKOMO, IN 46902	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	#500.00		IAM 4, 2022
Contributor's Occupation (if required)	Miscellaneous (specify)			
2 FRIENDS FOR KARICKOFF	Contributions: Direct In-Kind (describe) Other Receipts:	\$200.00		July 2022. 7-12-2622
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)			
JOHN J. ROBERTS 5813 PESHEWA CT. KOKOMO, IN 46902	Contributions: Direct In-Kind (describe)	#418.40		OCT-19-2022
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
-	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (# required)	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$//18.40	EIA SIETING	MANUAL TRANSPORT
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 1118.40		